

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

CITY OF HALLANDALE
CITY CLERK

OFFICE USE ONLY
08 APR -8 PM 4:15

(1) Carlos E. Simmons

Name

(2) 120 Golden Isles Dr

Address (number and street)

Hallandale Beach, FL 33009

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☐ Candidate (office sought):

Commissioner, City of Hallandale Beach

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From Jan/ 01 / 2008 To Mar/ 31 / 2008 Report Type Quarterly

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 500

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 500

(10) TOTAL Monetary Expenditures To Date
\$ _____

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) ILENE SULTAN

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X Ilene Sultan
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) CARLOS E. SIMMONS

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X Carlos E. Simmons
Signature

(1) Name

(2) I.D. Number

(3) Cover Period

(4) Page

of

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____

(2) I.D. Number _____

(3) Cover Period JAN / 01 / 08 through MAR / 31 / 08

(4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
// /	NOTHING TO REPORT				
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